UNIVERSITY OF COLORADO DENVER
DOWNTOWN CAMPUS
GRADUATE ADMISSION APPLICATION

GENERAL INFORMATION:

- This application may be used for Graduate School programs offered at the Downtown Denver Campus, except as noted below:
  - THE SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT requires a different Part II of the application, call 303-315-6300.
- Students who wish to apply for graduate or professional study at the Anschutz Medical Campus (which includes the School of Public Health) should visit www.uchsc.edu or call 303-724-8005 for application materials and instructions.
- This form is for use only by U.S. citizens or permanent residents. International students or any applicant holding a temporary visa should request a graduate international student application. Visit www.cudenver.edu/international or call 303-315-2230.
- Students not wishing to work toward an advanced degree may apply for non-degree admission. Visit www.cudenver.edu/admissions to apply or call 303-556-2704 to request an application or for additional information.
- All application materials are sent directly to the individual graduate department to which you are making application. Correspondence, communication and supplementary application materials related to your application should be addressed to that same department.
- Only complete applications which include the application form (part I and part II), application fee, official transcripts, letters of recommendation, test scores (if applicable), and other required documents (if applicable) are reviewed for admission. After your complete application is reviewed by your graduate admissions committee, you will be notified of your admission status by that department. If accepted, formal verification of your admission will be sent from the Office of Admissions.
- Each department determines its own application deadline date. A listing of deadline dates is attached. If you have deadline date questions, contact the individual department.

APPLICATION INSTRUCTIONS:

1. Give your full legal name when completing the form and also include former names under which application materials may be submitted.
2. Disclosure of your social security number is voluntary and it is used for record keeping purposes only. Use of social security numbers is protected under federal and state privacy laws. You will be assigned a student identification number.
3. When completing the application, do not disregard any part of your academic record, including attendance at foreign institutions.
4. If you will have been domiciled in the state of Colorado for the 12 consecutive months prior to the first day of classes for the term for which you are applying and you wish to be considered for in-state tuition status, complete the in-state tuition classification form attached to this application.
5. Be sure all information requested on the application is complete and sign and date the forms.
6. Mail the application along with a $50.00 non-refundable application fee (check or money order payable to UC Denver) to the address below. Fill in the appropriate campus box for your department from the listing on the attached sheet.
   University of Colorado Denver
   Campus Box ______
   PO Box 173364
   Denver, CO 80217-3364
7. Request that two official transcripts from each college or university you have attended* be sent directly from the institution to the department to which you are applying. Even if transfer credits from an institution appear on another institution transcript, official transcripts are still required from each institution attended regardless of the length of attendance, types of courses taken, grades earned, and whether courses were completed. If not in English, official transcripts from foreign institutions must be accompanied by a certified translation. *The School of Education requires two official transcripts only from the institution granting the baccalaureate degree.
8. Submit standardized examination scores and/or other materials if required by your individual department. Contact your department for additional information on specific application requirements and to confirm the number of recommendation letters required. The UC Denver school code for Graduate Record Examination (GRE) scores is 4875.
9. Complete the necessary information at the top and bottom of the recommendation forms (be sure to include the department name and campus box) included with this application. Give one form to each person from whom a recommendation is requested. It is important that those recommending you evaluate your academic competence and potential as a graduate student.

*The School of Education requires two official transcripts only from the institution granting the baccalaureate degree.
University of Colorado Denver Application for Graduate Admission Part 1

Full Legal Name (do not use nicknames or initials): ____________________________

Former CU Student No. ____________________________

Social Security No. ____________________________

Names under which you were last registered or credentials might be submitted, if different than above:

Addresses and telephone numbers (notify both Admissions and the department promptly if these change):

Permanent: ___________ No. and Street or P.O. Box ____________________________

City ____________________________ State ____________________________ Zip Code ____________________________

Area Code and Phone Number ____________________________

Mailing: ___________ No. and Street or P.O. Box ____________________________

City ____________________________ State ____________________________ Zip Code ____________________________

Area Code and Phone Number ____________________________

(If different from permanent):

No. and Street or P.O. Box ____________________________

City ____________________________ State ____________________________ Zip Code ____________________________

Area Code and Phone Number ____________________________

Next of Kin: ____________________________ Name ____________________________

Relationship ____________________________ No. and Street or P.O. Box ____________________________

City ____________________________ State ____________________________ Zip Code ____________________________

Area Code and Phone Number ____________________________

E-Mail Address (optional): ____________________________

Birth Date: ___________/_________/________ (Mo. Day Yr.)

Gender: ____________________________

Select the one category that most accurately reflects your ethnic background (for government reports and University compliance with the Civil Rights Act of 1964). Disclosure is voluntary and will not be used in a discriminatory manner.

_____ American Indian or Alaskan Native

_____ Asian or Pacific Islander

_____ White, not of Hispanic origin

_____ Black/African American, not of Hispanic origin

_____ Hispanic (Chicano, Latino, Mexican American, Spanish American, other Spanish)

_____ I do not wish to provide this information

_____ Tribal affiliation ____________________________

Census Enrollment Number ____________________________

Country of Citizenship: ____________________________

If not a U.S. Citizen, type of visa: ____________________________

Non-U.S. Citizen on Permanent Status: Alien Registration No.: ____________________________

Date of Issue: ___________/_________/________ (Mo. Day Yr.)

(Submit copy of Permanent Resident Card)

For what term are you applying? Spring ☐ Summer ☐ Fall ☐ ☐ Year ____________________________

Have you ever applied for graduate status at this CU Campus? No ☐ Yes ☐ When? ____________________________

What department? ____________________________

At any other CU Campus? No ☐ Yes ☐ When? ____________________________

What department? ____________________________

Admission type (check one): First time in a master's program ☐

Previously enrolled in a master's program ☐

First time in a doctoral program ☐

Previously enrolled in a doctoral program ☐

List in chronological order all undergraduate and postbaccalaureate schools attended or being attended, including the University of Colorado. Indicate whether semester (S) or quarter (Q) hours. CALCULATE YOUR GRADE POINT AVERAGE. Consider A as 4 points, B as 3, C as 2, D as 1, F as 0. (Your exact average will be calculated before final action is taken by this Graduate School.)

<table>
<thead>
<tr>
<th>School Name, City, and State</th>
<th>Zip Code (Required)</th>
<th>Dates of Attendance</th>
<th>Degree &amp; Date Conferred</th>
<th>Overall Grade Point Average</th>
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List below all courses in progress.

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<tr>
<th>School Name ____________________________</th>
<th>Credit Hours</th>
<th>Estimated Grade</th>
<th>(Continued) Course Title and Number</th>
<th>Credit Hours</th>
<th>Estimated Grade</th>
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Have you ever been convicted of a crime, made a plea of guilty, accepted a deferred judgment, been adjudicated, or been required to register as a sex offender? (Misdemeanor traffic offenses are exempt) Yes ☐ No ☐ (If you answer "yes," you must include a written explanation.)

To comply with Colorado state law, all males between the ages of 17 years, 9 months and 26 years must answer the following question: Are you registered with the selective service? Yes ☐ No ☐

Military Service Yes ☐ No ☐ Active duty dates (mo/yr) ___________ to ___________. Eligible for veterans' benefits? Yes ☐ No ☐

I hereby certify that to the best of my knowledge the information furnished on this application is true and complete without evasion or misrepresentation. I understand that, if found to be otherwise, it is sufficient cause for rejection or dismissal. I also understand that if I am classified as a non-resident for tuition purposes, and I have not petitioned for a change in my status by the first day of classes, I will remain classified as a non-resident for the entire semester and must submit a petition to request a change in my status for a future term.

Applicant's Signature: ____________________________

Date: ___________/_________/________ (Mo. Day Yr.)

APPLICANT/DO NOT WRITE BELOW THIS LINE

☐ Admit regular for ____________________________ degree ____________________________ major code.

☐ Admit provisional for ____________________________ degree ____________________________ major code.

(See attached provisional degree form.)

☐ Refuse admission.

Signature of Department Officer ____________________________

Department ____________________________

Date: ___________/_________/________ (Mo. Day Yr.)
COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING IN-STATE TUITION CLASSIFICATION

Please carefully answer all questions. If appropriate, indicate or check NA. Failure to answer a question may result in your being classified as a non-resident for tuition purposes. Month and year are sufficient for dates more than two years past. In addition to your own information, if you will not be 23 years of age on the first day of classes for the term for which you are applying and you are not married, please give parent or court-appointed guardian information.

Former and continuing University of Colorado students previously classified as out-of-state within the past three years must submit a separate "Petition for In-State Tuition Classification" to change their status. Petitions are available from the Office of Admissions and must be submitted to that office before registration.

Student's Name ____________________________________________ CU Student No. (If applicable) ____________________________

Mailing Address ____________________________________________

Permanent Address ____________________________________________

Age ________ Birth Date ______/_____/______

Indicate the term for which you are claiming in-state status: Term ____________ Year ____________

1. Are you a citizen of the United States? Yes □ No □ If not, are you a permanent resident? Yes □ No □

2. List your most recent employers. Employer #1 ____________________________________________________________

City_________________________State____Dates ___/___/___to ___/___/___

Employer #2 ____________________________________________________________

City_________________________State____Dates ___/___/___to ___/___/___

3. Did you graduate from a Colorado high school? Yes □ No □

Name of School________________________City________________________Date of Graduation ______/____/____

YOU

10. Dates you/your family member have had a Colorado driver's license (mo./day/yr.) ____________ to ____________

Drivers license number ____________________________________________________________________________

Issue date of previous Colorado license, if applicable (mo./day/yr.) ____________

11. List exact years of Colorado motor vehicle registration ____________

License plate number ____________________________________________________________________________

12. Give state in which currently registered to vote ____________

Dates of Colorado voter registration (mo./day/yr.) ____________ to ____________

13. Dates of ownership of a home in Colorado that is your primary residence (mo./day/yr.) ____________ to ____________

YOUR FAMILY—CHECK ONE:

☐ Parent  ☐ Guardian

NA

☐ ____________ to ____________

☐ ____________ to ____________

☐ ____________ to ____________

☐ ____________ to ____________

☐ ____________ to ____________

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I hereby certify that to the best of my knowledge the information furnished on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for refusal or dismissal and may result in legal action.

Signature ____________________________ Date ____________

Important—In-State Tuition Classification Application